

FILED DEC 9 1942

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 48

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Stella, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Cardwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five or Six  
Weeks (Specify whether  
In this community Most of Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Fairview Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald Lee Green

(b) If veteran, name war no (c) Social Security No. no

4. Sex Male (5. Color or race White)  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>3</u>	<u>3</u>	hr. _____ min.

9. Birthplace Fairview, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Curtis Green

{ 13. Birthplace Newton Col. Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mildred V. Fisher

{ 15. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Curtis Green  
(b) Address Fairview, Missouri

17. (a) Burial (b) Date thereof Oct 23 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cemetery

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) 12-3-42 (b) Alpha R. Hale  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
year 1942 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 9-25, 1942 to 10-20, 1942  
that I last saw him alive on 10-20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death ruptured liver  
Due to \_\_\_\_\_  
Due to fall from swing

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1860  
Of operations \_\_\_\_\_  
Of autopsy 59

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 073  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature C. Cardwell (M. D. or other) \_\_\_\_\_  
Address Stella Mo. Date signed 12-3-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1681

Date Filed DEC 7 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed  Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.